Health Equity In Michigan: A Toolkit for Action



Michigan Department of Community Health
Health Disparities Reduction/Minority Health Section
Division of Health Wellness & Disease Control

Health Equity In Michigan: A Toolkit for Action

Objectives

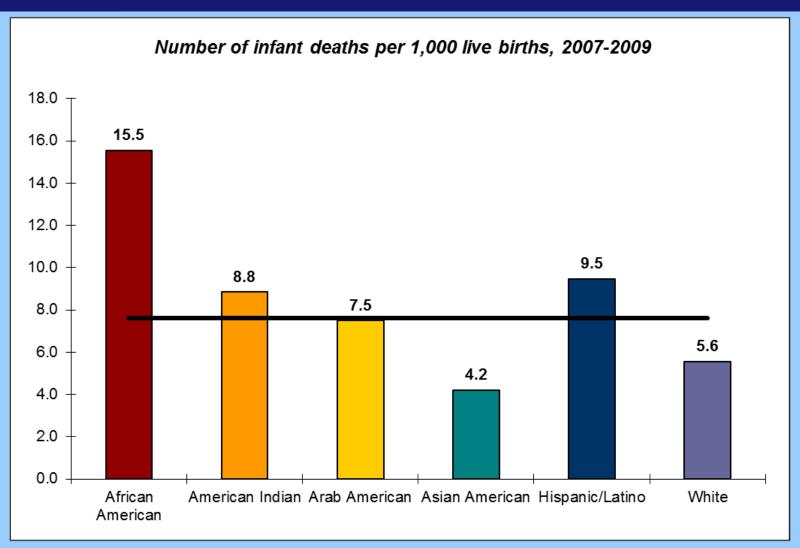
- •To discuss the terms "health disparities", "health inequities", "health equity" and "social determinants of health."
- •To explore how social factors contribute to the health of racial/ethnic minority communities in Michigan.
- •To understand inequities and how they impact health in Michigan.

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Health Disparities

Measured health differences between two populations, *regardless of the underlying reasons for the differences.*



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Number of infant death per 1000 live births

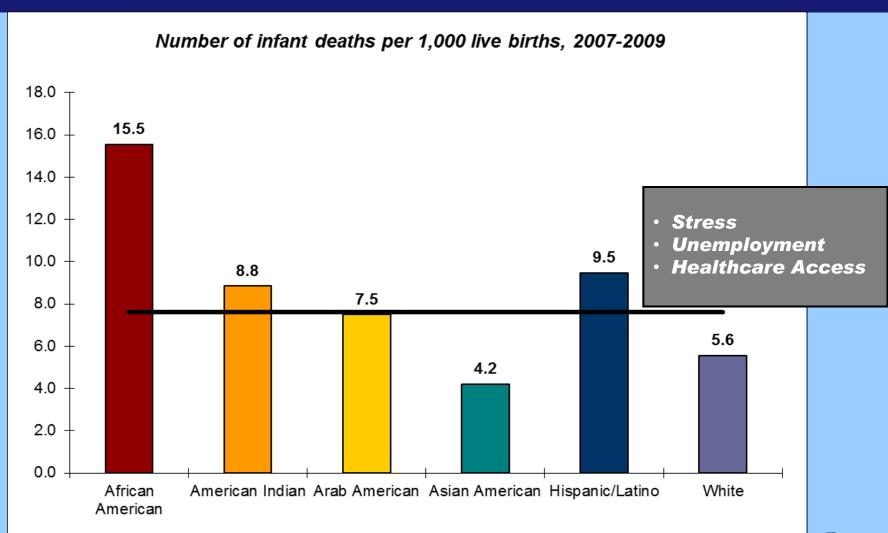
African American Infants Michigan; Born in 2007-2009	White Infants Michigan; Born in 2007-2009	Health Disparity
15.5	5.6	9.9

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Health Inequities

Differences in health across population groups that are systemic, unnecessary and avoidable, and are therefore considered unfair and unjust.



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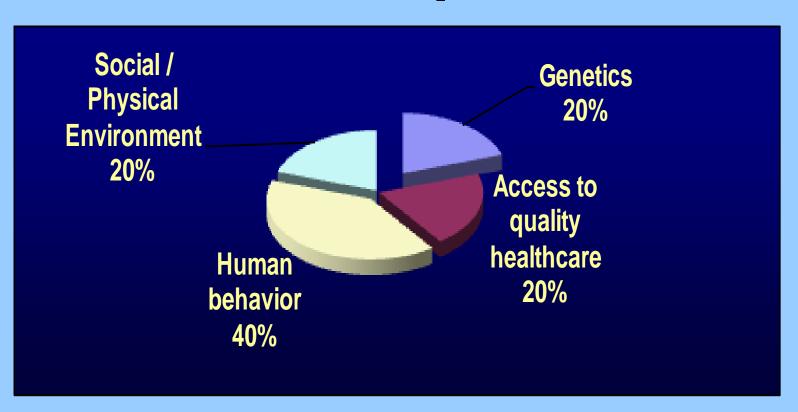


Health Equity

Fair, just distribution of social resources and opportunities needed to achieve well-being.

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What factors impact health?



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The average life expectancy for African American men is less than for White men.

African American Men Michigan; Born in 2008	White Men Michigan; Born in 2008	Health Disparity
69	76	7 Years

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The same is true for women:

African American Women Michigan; Born in 2008	White Women Michigan; Born in 2008	Health Disparity
76	81	5 Years

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How do these disparities arise?

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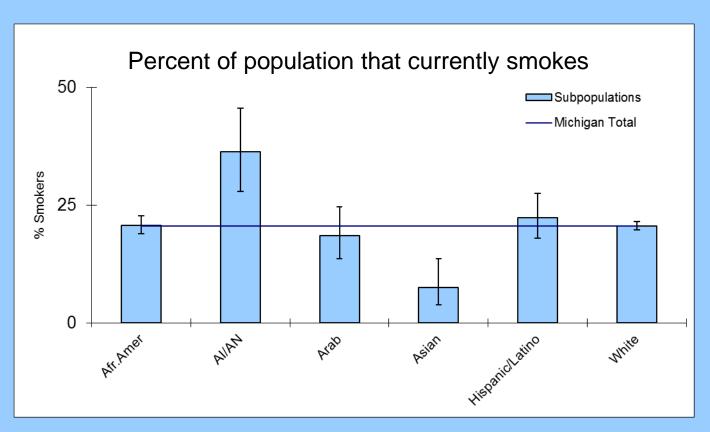
Health behaviors do have an impact on health, but there are many other factors that also influence life expectancy outcomes.



Take a look at this...

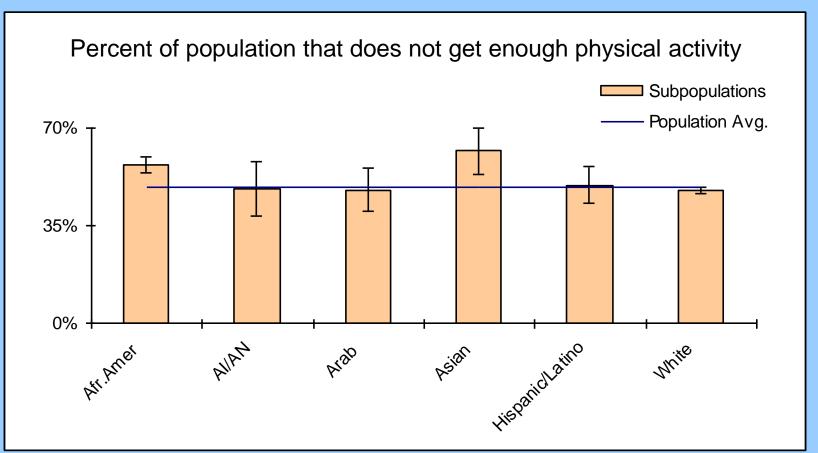
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Smoking rates are not very different by race/ethnicity



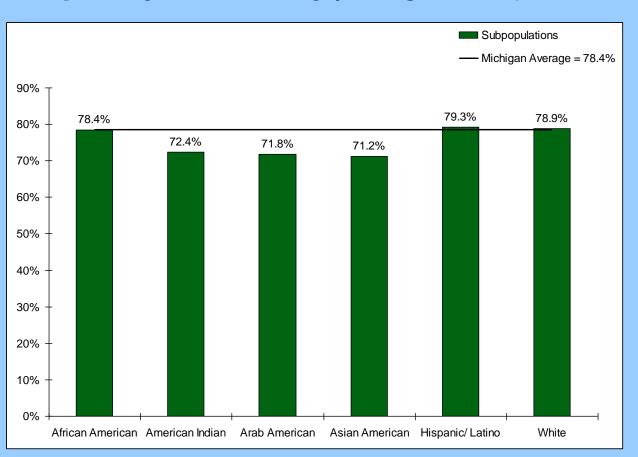
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All groups get similar amounts of exercise



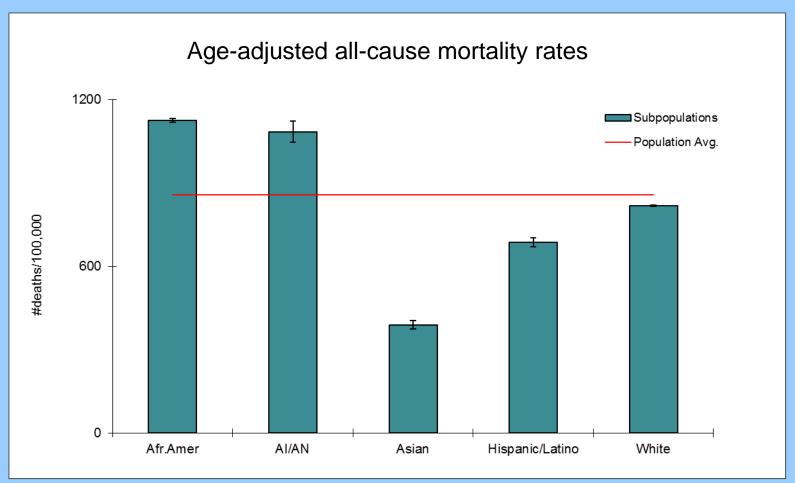
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Age-adjusted prevalence estimates of inadequate fruit/vegetable consumption by race/ethnicity (Michigan BRFS, 2007-2009)



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Yet, there are large differences in survival.



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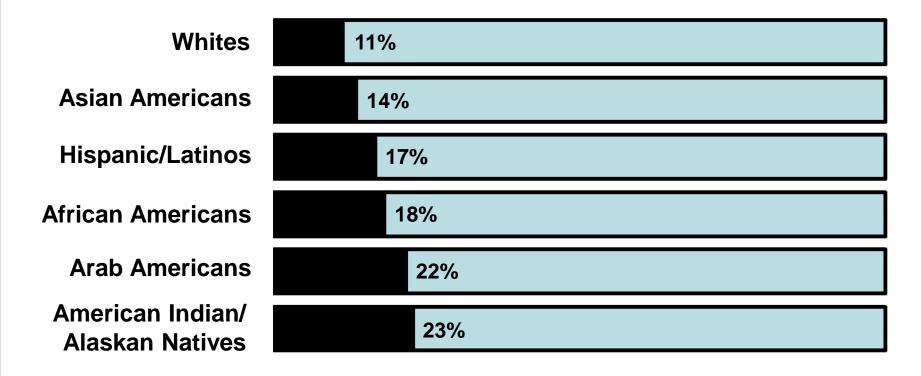
Some people would rationalize that disparities are only due to healthcare access...

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Culture and Healthcare Access

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Percent of Michiganders reporting they could not pay to see a doctor at some point in past year



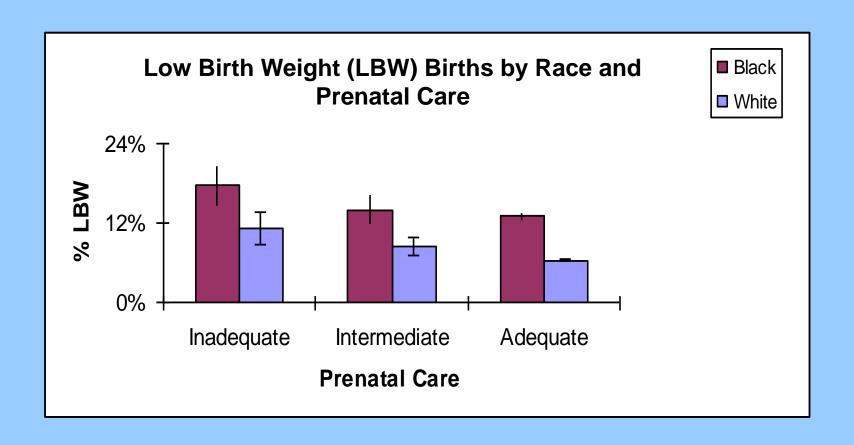
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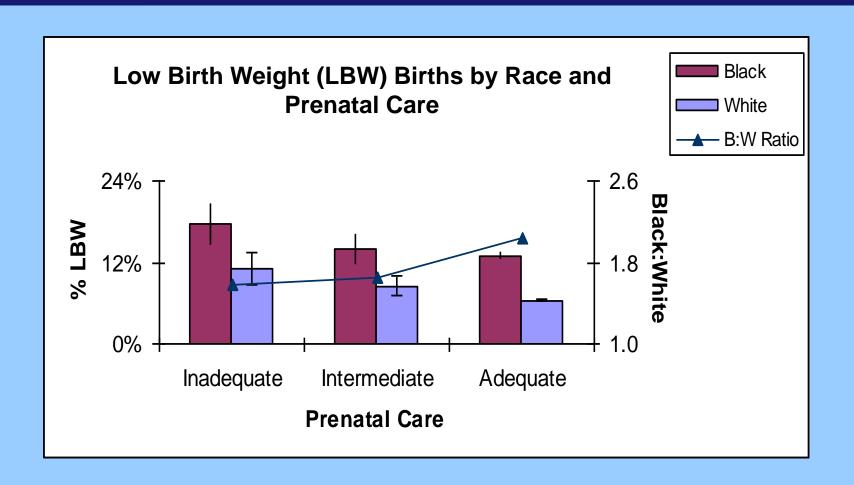
Michiganders reporting no health care coverage

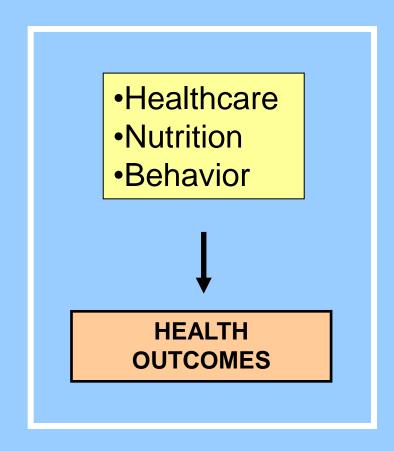


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Access to healthcare does not explain all disparities.







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Social Inequality

Discrimination by race, ethnicity, gender or class

Determinantsof Health

Economic Factors

Income, education, employment, wealth

Social & Physical Environments

Social Cohesion, political influence, residential segregation, violence, housing, built environment, air quality, transportation

Healthcare

Healthcare access and quality, insurance coverage, cultural/linguistic competence in healthcare

Individual Factors

Health Behaviors Human Biology

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Social Determinants of Health

Social, economic and environmental factors that contribute to overall health of individuals and communities.

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Social Determinants of Health

"Causes of causes": Fundamental causes

Social Access to: **Determinants:** Care Healthcare Discrimination Information Nutrition Income Resources Behavior Education **Exposure to:** Housing Employment Stress Opportunity Race-based Choice segregation **HEALTH** Environment **OUTCOMES** Violence/Crime 28





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Social Determinants in Michigan

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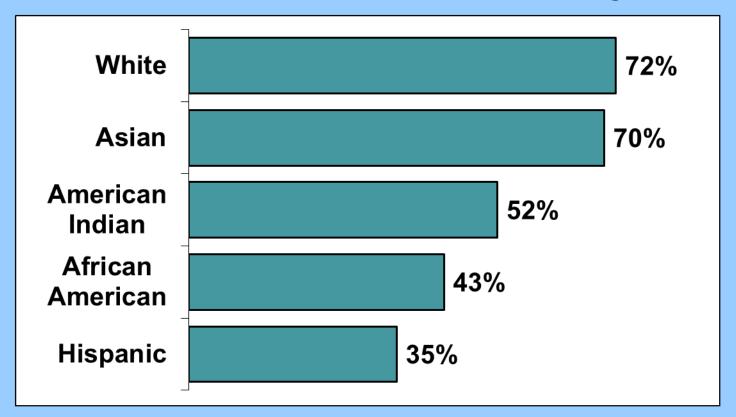
Educational Inequity:

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"People with more education are likely to live longer, to experience better health outcomes, and to practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care check-ups and screenings."- Robert Wood Johnson Foundation.

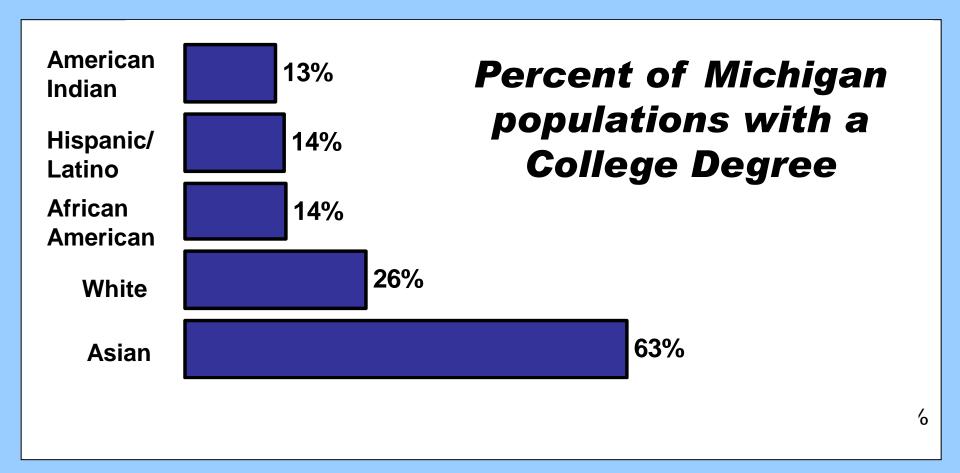
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Percentage of U.S. adults with more than basic health literacy



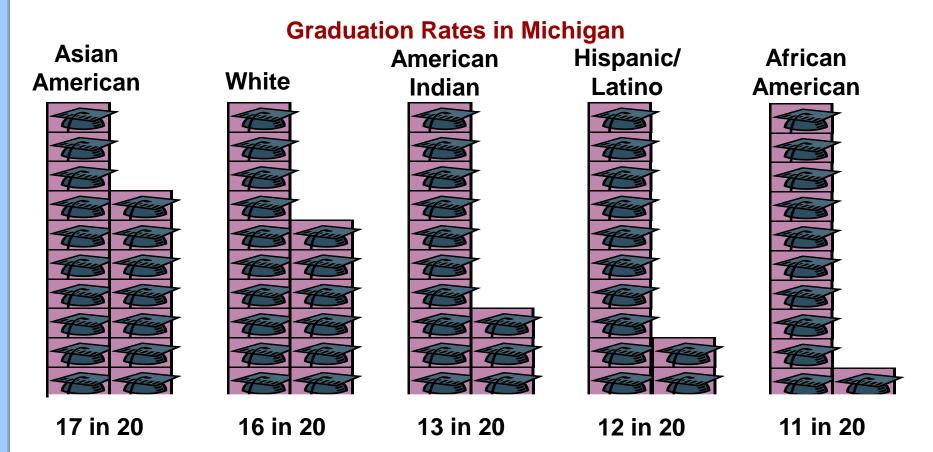
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9% of people in Michigan do not speak English at home.



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High school graduation rates by race and ethnicity

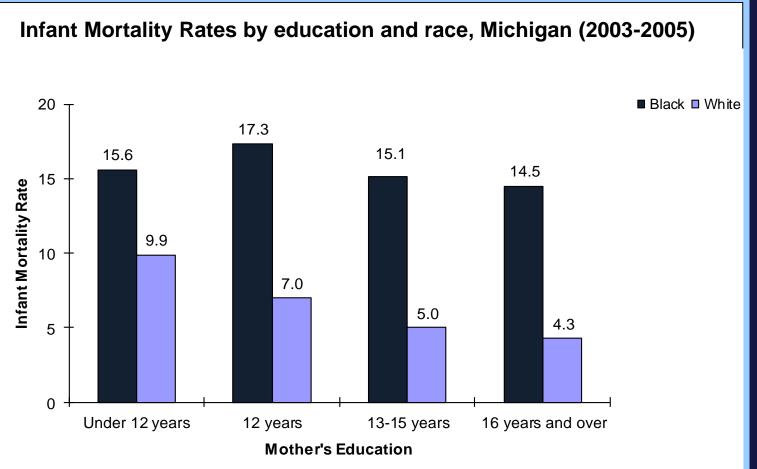


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Percentage of Michigan high school students who can read at the high school level

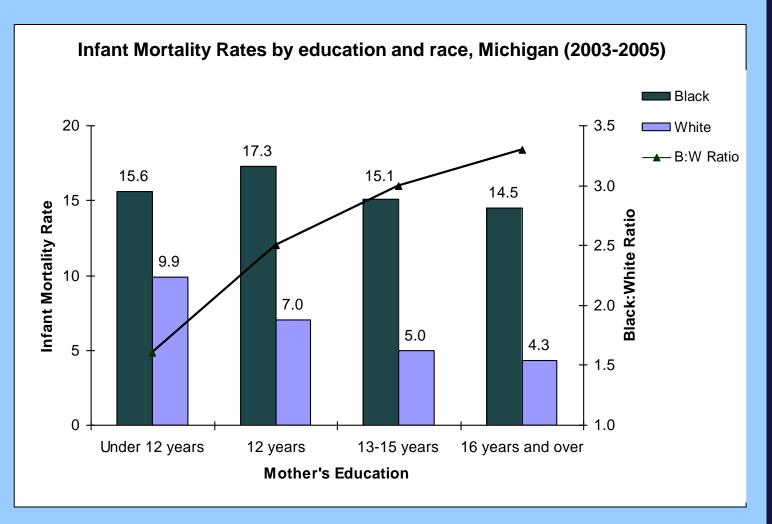


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What else?

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Health Behaviors

Access to health care
Income or Education
Genetics

These are all factors, but what is the root cause?

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ROOT ANALYSIS ACTIVITY

Discuss the factors associated with a particular health issue.

What root causes are the cause of these factors? (Causes of the cause)

Goal: To understand the social determinants of health and how these structural factors impact health.

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Race

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What Race Is Not

- Race is not biological: Race is a social concept and has no biological basis.
- Race is not genetic: You cannot determine a person's race by examining their genes. A person's race is determined by the society they live in.
- Race is not an indication of similar DNA: People who look very different (skin color, hair texture, eye shape, etc.) can have DNA that is more similar than two people who have similar skin color, hair texture, etc.

The fact that we know what "race" we are says more about our society than it does our biology.

-N. Krieger & M. Bassett 1986

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Race Is...

A way of classifying of people based on outward appearance or looks.

Racism Is...

Assigning value, status, and access to people based on how they look, where they come from, and their cultural norms.

This has resulted in some groups having different and better opportunities than others.



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Levels of Racism

Personal

-Conscious or unconscious feelings of bias and prejudice on an individual level.

Interpersonal

-Actions by an individual, towards others, that are biased and prejudiced.

Institutional

- Practice and policies within institutions of power (ie. "political, economic, educational, social, and historical") that allow discrimination and inequities. (Batts, 2002.)

Cultural

"When the standards of appropriate action, thought, and expression of a particular group are perceived either overtly or subtlety as negative or less than." (Batts, 2002.)

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"My Oldest brother would throw his rice ball in the gutter before he got to school. He decided that he would rather go hungry than be different"

Japanese Internment

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Looters or Survivors?



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Go Back To Where You Came From!







Since 9/11.....

There has been a significant increase in discrimination, racial targeting and profiling of Arab/Chaldeans.⁴⁹

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In Michigan, complaints about abuse and racial profiling by Immigration and Customs Enforcement (ICE) are on the rise.





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"Kill the Indian, Save the Man"





During 1880-1902, between 20,000 and 30,000 Native American children were forced to live in reform boarding schools. This practice continued until the 1930s and in some cases even later.

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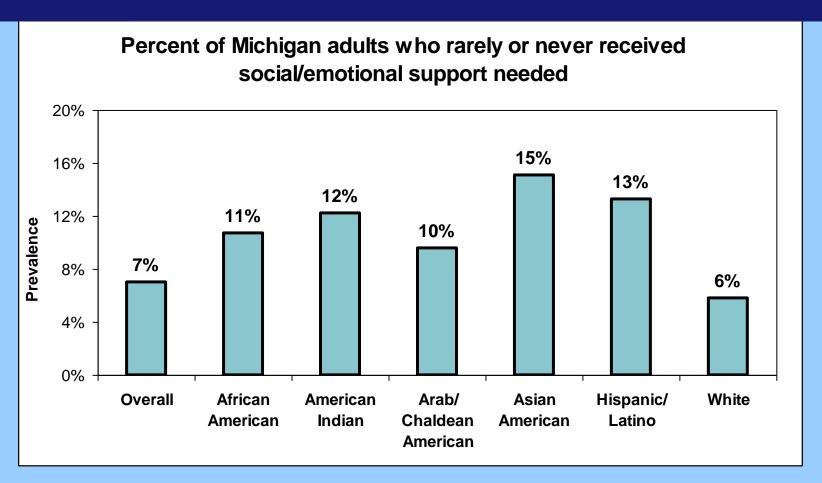
How Do You Explain This?

- The U.S. Department of Housing and Urban Development (HUD) estimates there are more than 2 million incidents of housing discrimination each year. (Dept of Housing and Urban Development).
- A significantly higher number of minority students are placed into special education programs.
- Pregnant Hispanic, African American and Asian/Pacific Islander mothers are exposed to higher mean levels of air pollution and are twice as likely to live in the most polluted counties.
- Despite being equally qualified, African American and Hispanic women receive fewer interviews and job offers than white applicants.
- 20% of Asians, 19% of Hispanics and 14% of African Americans reported being treated with disrespect or being looked down upon during a patient-provider encounter.

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Stress

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Prevalence of not receiving support needed: % Adults in response to question "How often do you get the social and emotional support you need?"

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7% of Michigan adults reported that they were dissatisfied or very dissatisfied with life.

African Americans were more than twice as likely to report life dissatisfaction as Whites.



Picture from http://www.basicmentaldisorders.com/

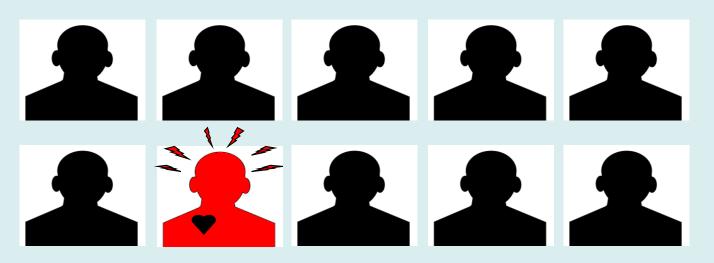
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In Michigan, 20% of African Americans and Hispanic/Latinos reported being emotionally upset at least once a month due to how they were treated based on their race

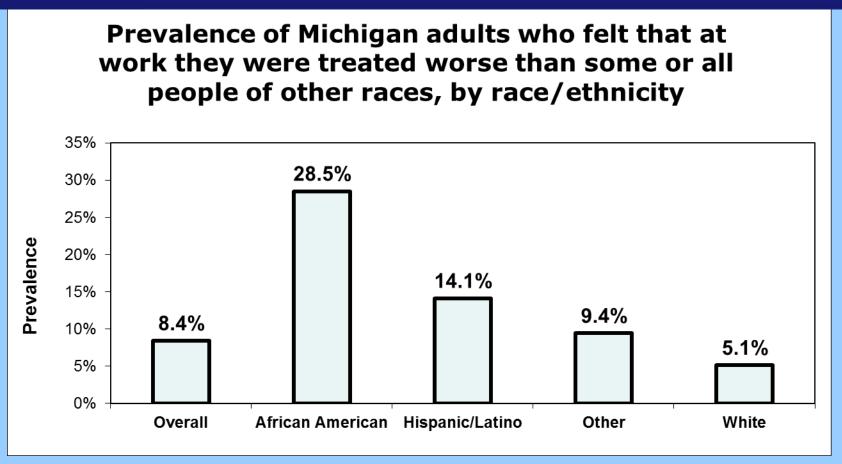
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In Michigan, 17% of Hispanic/Latinos and 10% of African Americans reported physical anxiety symptoms at least **once a month** due to how they were treated based on their race.



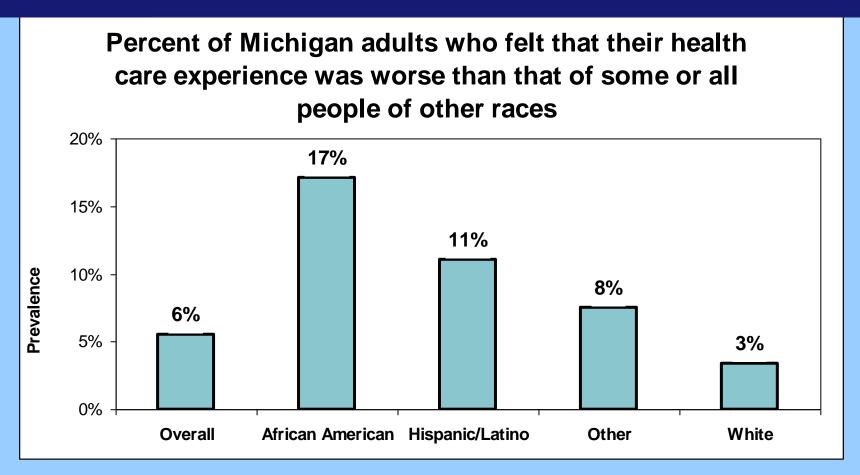
Note: Symptoms included headaches, upset stomachs, tensing of muscles, or pounding hearts.

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Prevalence: % Adults reporting experience at work over past 12 months

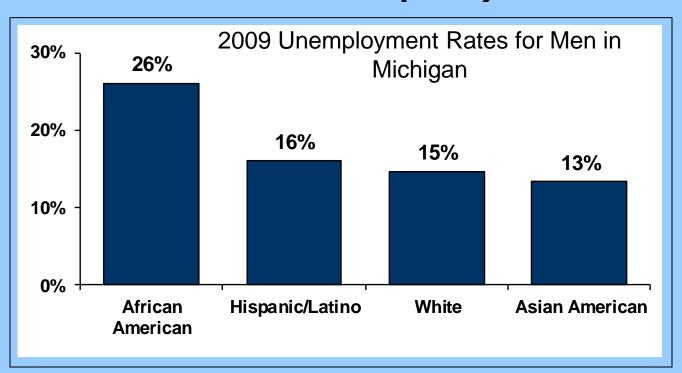
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Percent adults reporting experience when seeking health care over past 12 months

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In 2009, 26% of African American Men in Michigan were unemployed. This is nearly twice the rate for White Men (15%).



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Food Access

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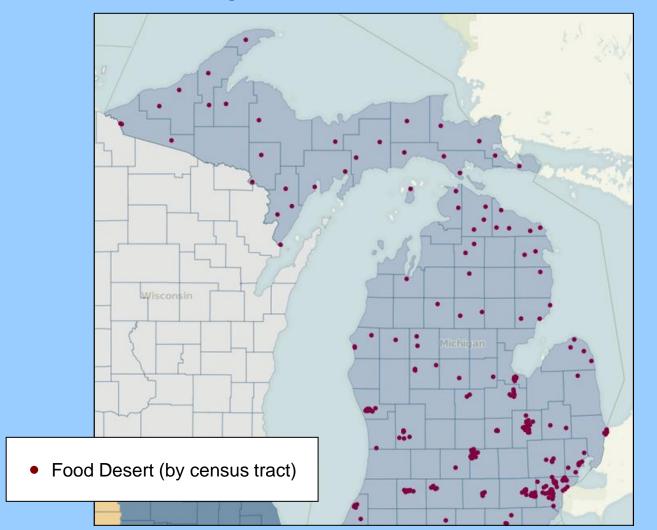
Food Desert

"An area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominantly lower income neighborhoods and communities."

-Food, Conservation, and Energy Act of 2008

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Michigan Food Deserts*, 2006



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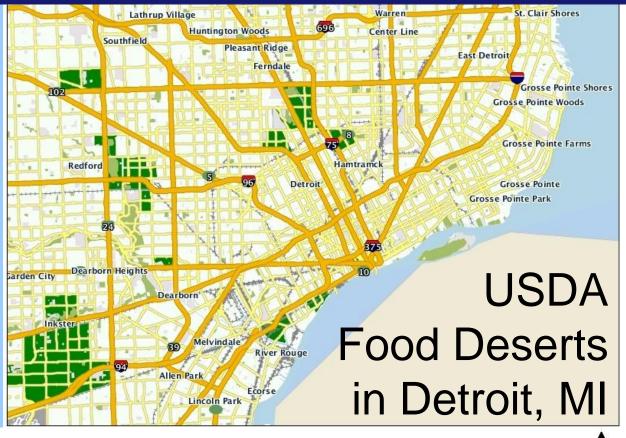
USDA Food Desert (2011)

Source: Nielsen, 2011

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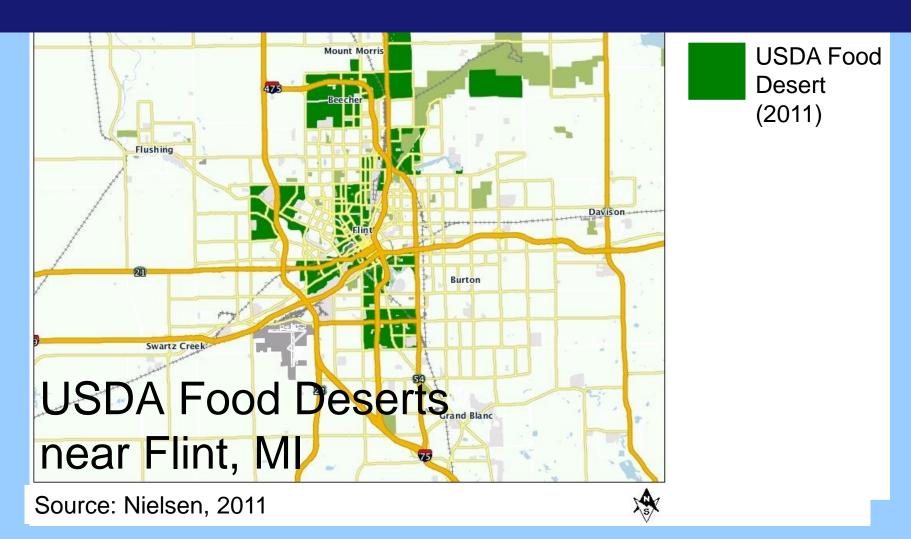
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USDA Food Desert (2011)

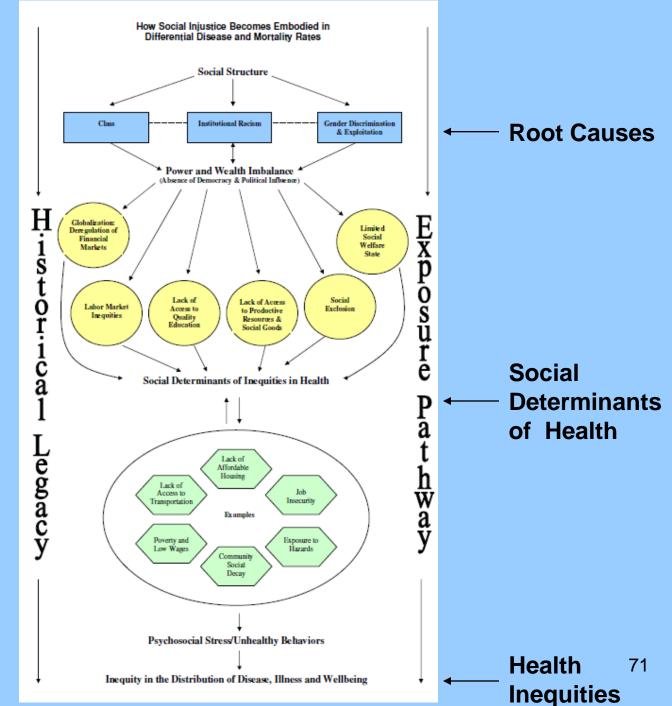
Source: Nielsen, 2011

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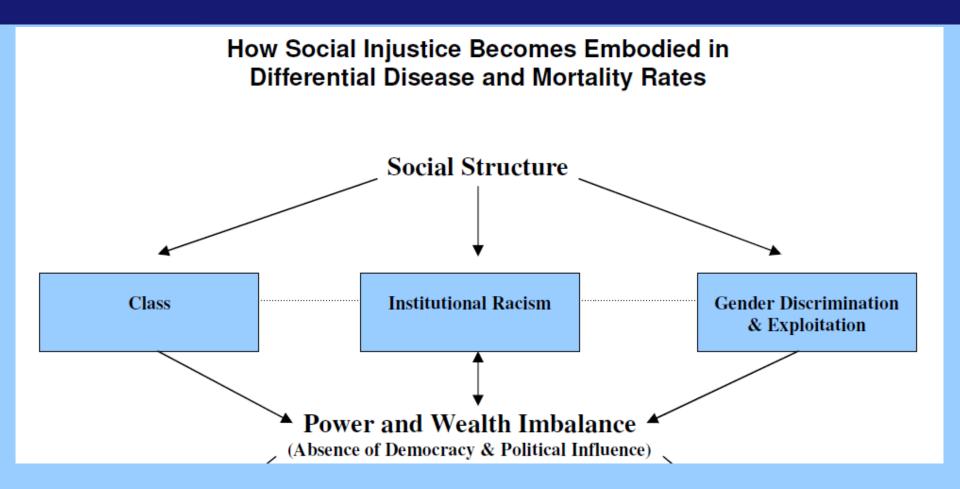
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To Summarize



Richard Hofrichter, National Association of City and County Health Officials

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Tips for Staying Healthy: A Lifestyle Approach

- 1. Don't smoke. If you do stop
- 2. Eat a balanced diet, include fruit/vegetables
- 3. Keep physically active
- 4. If you drink, do so in moderation
- 5. Cover up in the sun and protect your children
- 6. Practice safe sex
- 7. Participate in appropriate health screening
- 8. Drive defensively; don't drink and drive.
- 9. Manage your stress.
- 10. Maintain social ties



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Tips for Staying Healthy: A Social Determinants Perspective

- 1. Don't be poor. If you can stop. If you can't, try not to be poor for too long.
- 2. Don't have poor parents.
- 3. Don't live in a poor neighborhood.
- 4. Own a car- but use only for weekend outings. Walk to work.
- 5. Practice not losing your job and don't become unemployed.
- 6. Don't be illiterate.
- 7. Avoid social isolation.
- 8. Try not to be apart of a socially marginalized group

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Tips for Achieving Health Equity: A Community Empowerment Approach

Recommendations from the *Michigan Health Equity Roadmap*:

- Improve race/ethnicity data collection/data systems/data accessibility.
- Strengthen the capacity of government and communities to develop and sustain effective partnerships and programs to improve racial/ethnic health inequities.
- Improve social determinants of racial/ethnic health inequities through public education and evidence-based community interventions.
- Ensure equitable access to quality healthcare.
- Strengthen community engagement, capacity, and empowerment.

What else?

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For More Information

Health Disparities Reduction and Minority Health Section Division of Health, Wellness, and Disease Control Michigan Department of Community Health 313-456-4355

www.michigan.gov/minorityhealth

www.healthequitymi.com